## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

.16781609.

(Column 1) (Column 2)								SMALL ENTITY TYPE OF			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			31		100.0			RATE	FEE	7	RATE	FEE
FOR			<u> </u>		NII 1845	SEE EVIDA		BASIC FE	+	┨		<del> </del>
L			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	-IOR	BASIC FEE	
70	OTAL CHARGE	ABLE CLAIMS	例 minus 20= *					XS 9=		OR	XS18=	198
INI	DEPENDENT C	LAIMS	F minus 3 =					X43=		OR	X86=	125
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT				+145=		OR	-290=	·	
■ If the difference in column 1 is less than zero, enter "0" in column 2							l	TOTAL	1	OR	TOTAL	1140
CLAIMS AS AMENDED - PART II									<u> </u>		OTHER	
		(Column 1)	(Column 2) (Column 3)				SMALL	ENTITY	OR	SMALL		
AMENDMENT A	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	A SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus			=		X\$ 9=		OR	X\$18=	
	Independent	<u> -</u>	Minus			=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
								TOTAL		OB	TOTAL	
		(Column 1)		(Column	. 2) ·	(Column 3)	А	DDIT. FEE	<u> </u>		ADDIT. FEE	
8		CLAIMS		HIGHES	Ť		F		ADDI-			ADDI-
N		REMAINING AFTER AMENDMENT		PREVIOUS PAID FO	SLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT	Total	•	Minus	***			ľ	XS 9=		OR	X\$18=	,
	Independent	•	Minus	***		8	f	X43=		OR	X86=	
_	FIRST PRESE	NTATION OF MU	LTIPLE DEF	ENDENT C	LAIM		$\vdash$			Un I		· ·
						•	·L	+145=		OR	+290=	•
						•	A	TOTAL DDIT. FEE		OR ,	TOTAL ODIT. FEE	
		(Column 1)		(Column		(Column 3)			,			l
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES' NUMBER PREVIOUS PAID FOR	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	.[	RATE	ADDI- TIONAL FEE
	Total	•	Minus	** *		= .	Γ	X\$ 9=		OR	X\$18=	,
WE L	Independent		Minus	***				X43=		t	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			OR		
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145=	·	OR	+290=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **OPAL ADDIT. FEE ADDIT. FEE												
		nber Previously Pai ber Previously Paid							ropriate box			